

To : \_\_\_\_\_  
(Name of Institution)

Authorization

I, \_\_\_\_\_, authorize  
(Name of Applicant)  
\_\_\_\_\_ to release my  
(Name of Institution)  
personal data as regards my qualification  
attainment, \_\_\_\_\_, to  
(Name of Qualification)  
the Medical Laboratory Technologists Board, Hong Kong, for the  
purpose of verifying my submitted information in connection with my  
application for registration as a Medical Laboratory Technologist under  
section 12(1)(b) of the Supplementary Medical Professions Ordinance,  
Chapter 359, Laws of Hong Kong.

Signature : \_\_\_\_\_

Name : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Student Number : \_\_\_\_\_

HK Identity Card Number : \_\_\_\_\_

Date : \_\_\_\_\_